

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 01/07/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/09/2007						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	424	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	138	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	700	1043	345
		8800	55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8534	168	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	486	8612	8126
		143	46	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404910	PATHWAYS	11	117	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	195	1264	1069
		191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404912	CATAWBA COUNTYM ENTAL HEALT	79	18	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	36	6314	6278
		10	2	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404913	MECKLENBURG COM ENTAL HEALT	8599	4124	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	1288	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	502	9033	24726	15693
		11	1268	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIALOR HEAL	21	314	DUPLICATE OF CLAIM-SYSTEM				
		8534	9	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	342	1983	1641
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	11	747	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	442	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	1990	6084	4094
		8505	259	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	2	72	70
3404920	ALAMANCE CASWEL L AREA MH D	8599	445	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	75	DUPLICATE OF CLAIM-SYSTEM	2	642	4857	4215
		8505	34	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404921	ORANGE PERSON C HATHAM AREA	8505	1771	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	537	CLIENT NOT ELIGIBLE ON SERVICE DATE	7	4867	12095	7228
		8536	527	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404922	THE DURHAM CENT ER	21	294	DUPLICATE OF CLAIM-SYSTEM				
		8518	130	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	28	746	4251	3505
		8537	99	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404923	FIVE COUNTY MH	11	292	CLIENT NOT ELTIGIBLE ON SERVICE DATE				
		8536	277	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	936	5756	4820
		21	155	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	21	184	DUPLICATE OF CLAIM-SYSTEM				
		8532	169	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	158	1240	8760	7520
		8931	138	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	868	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	189	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	55	1677	7064	5387
		11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927	CUMBERLAND CO M HC	8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	30	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	149	4732	4583
		11	16	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	11	26	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	14	DUPLICATE OF CLAIM-SYSTEM	0	52	1679	1627
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8599	544	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	144	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	82	1668	19451	17783
		11	133	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8536	931	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		120	174	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	9	1433	6303	4870
		11	110	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	8599	796	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	472	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	2568	4749	2181
		11	400	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8952	38	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
		21	31	DUPLICATE OF CLAIM-SYSTEM	1	74	3368	3294
		11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404937	EDGEcombe NASH MNTL HLTH C	8518	45	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	31	DUPLICATE OF CLAIM-SYSTEM	0	82	1571	1489
		7001	5	EXCEEDS THE ONE PER DAY LIMITA TION				
3404939	NEUSE MENTAL HE ALTH CENTER	8534	438	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		21	146	DUPLICATE OF CLAIM-SYSTEM	0	810	1736	926
		8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404941	PITT CO MH/DD/S AS CENTER	21	1136	DUPLICATE OF CLAIM-SYSTEM				
		8518	569	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	2204	5379	3175
		23	250	SERVICE REQUIRES PRIOR APPROVA L				
3404942	ROANOKE CHOWANH UMAN SERVIC	3411	66	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	128	1210	1082
		8654	14	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	61	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	192	2746	2554
		537	24	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA N SERVICES	8599	213	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	19	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	6	287	5677	5390
		8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8952	76	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	1	493	5080	4587
		8536	74	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404957	TIDELAND MENTAL HEALTH CTR	8505	739	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	523	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	1315	2387	1072
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	505	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	203	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	716	846	130
		3412	5	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				